Name in Full Fred Abrams

Certificate of Death

Died at Town Theadore County Cecil MARYLAND

Date 1899 Month Oct Day 25 Age Y. 9 M. 6 D. Native of Md Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Harry Abrams Mother's Name Margaret Fox

Cause of Death Primary Typhoid fever How long sick 27 dys

Immediate 1 Accident, Suicide, Homicide

Reported by Dr Gifford

Address Zion Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

Emma L Bozorth

Died at — Town: North East — County: Cecil — MARYLAND

Date 189 — Month: 9 — Day: 10 8 — Age: Y. 7 M. D. — Native of: North East — Occupation:

~~Male~~ / Female — White / ~~Colored~~ — ~~Married~~ / Single — Widow / Widower — Divorced — Number of children living

Husband of
Wife

Father's Name: David D Bozorth — Mother's Name: Jane Bozorth

Cause of Death — Primary: Marasmus — How long sick: 6 Mos.

Immediate — Accident, Suicide, Homicide

82

Reported by: Theo A Bowman

Address: North East Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Mary E. Bristow

Certificate of Death

Died at Town Chesapeake City County Cecil MARYLAND

Date 1899 Month October Day 13 | Age Y. 36 M. 4 D. 17 | Native of Maryland | Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living two

~~Husband~~ Wife of Lindsay R Bristow

Father's Name Ed. Walters

Mother's Name Mary Walters

Cause of Death

Primary Remittent Fever | How long sick 9 days

Immediate Heart lesion, valvular insufficiency and consequent enlargement with dilation

~~Accident, Suicide, Homicide~~

Reported by Wm C Karsner M.D.

Address Chesapeake City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Francis Cunningham

Town

Died at Woodlawn

County

Cecil

MARYLAND

Date 1899 Month 10 Day 24

Age Y. 40 M. 9 D. 24

Native of Cecil Co

Occupation Gentleman

Male ~~Female~~

White ~~Colored~~

~~Married~~ Single

~~Widow~~ Widower

Divorced

Number of children living

Husband ~~Wife~~ of

Father's Name Jas Cunningham

Mother's Name Caroline Fetter

Cause of Death: Primery

Immediate Accident 152a

How long sick

Accident, Suicide, ~~Homicide~~

Reported by J. L. Brown M.D.

Address Woodlawn Cecil Co Md

Must be signed by physician, if any in attendence, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Henry Derrickson

Died at Town: Lombard County: Cecil MARYLAND

Date 1899 Month: Oct Day: 4th Age Y.: 54 M.: 5 D.: 0 Native of: Del. Occupation: Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 1

Husband / Wife of Elizabeth Perison

Father's Name Everett Derrickson Mother's Name Jemima Rumford

Cause of Death — Primary: Paralysis 44 How long sick 3 weeks

Immediate: Paralysis of Heart Accident, ~~Suicide~~, ~~Homicide~~

Reported by Wm. Richardson M.D.

Address Colora Cecil Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

Leroy Gallaher

Died at Town: near Leeds — County: Cecil — MARYLAND

Date 189 9 — Month: Oct. — Day: 7 — Age: Y. 21 M. D. — Native of — Occupation

Male / ~~Female~~ — White / ~~Colored~~ — ~~Married~~ / Single / Widow / Widower / Divorced — Number of children living

Husband / Wife of

Father's Name: Henry E. Gallaher — Mother's Name

Cause of Death — Primary / Immediate: Typhoid fever — How long sick: 1

Accident, Suicide, Homicide

Reported by: Cecil Phys.

Address: [redacted] — Oct. 14/99

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full Mrs. Annie E. Gilpin

Certificate of Death

Died at Town Elkton County Cecil MARYLAND

Date 189 9 Month 10 Day 8 | Age Y. 64 M. D. | Native of | Occupation

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 6

~~Husband~~ of Wife William R. Gilpin

Father's Name Engle Mother's Name 152a

Cause of Death Primary Injuries received from a fall

~~Immediate~~ Immediate; Paralysis of brain

How long sick

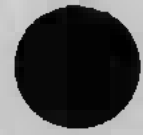
Accident, Suicide, Homicide

Reported by

Address Cecil Co. News 10-11

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full Geo. M. Husler

Certificate of Death

Died at near Elkton (Town) Cecil (County) MARYLAND

Date 1899 Month 10 Day | Age Y. M. D. | Native of | Occupation

Male ~~Female~~ White ~~Colored~~ Married Single Widow Widower Divorced Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary apoplexy 42 | How long sick Sudden

Immediate | Accident, Suicide, Homicide

Reported by Cecil Co. News

Address 11-15-99

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full | Certificate of Death

Rachel Johnson

Died at Town: Oakton County: Cecil MARYLAND

Date 1899 Month: Oct. Day: 8 | Age Y. M. D. | Native of: Cecil Co. | Occupation: Housework

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 2

~~Husband~~ Wife of H. Clay Johnson

Father's Name | Mother's Name

Cause of Death: Primary 161 | How long sick 2 years

Immediate Heart | ~~Accident, Suicide, Homicide~~

Reported by B Heinecke

Address N. Eon

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Hilton Brooks Naylor

Town

County

Died at Rowsville Cecil MARYLAND

Month Day Y M D Native of Occupation

Date 189 9 Oct. 4th, Age Not Known

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of

Wife Not Known

Father's Name " "

Mother's Name 145 d

Cause of Death: Primary — Killed by cars on the

How long sick

Immediate — P.W. day B.R.R. bridge Rowsville

Accident, ~~Suicide~~, ~~Homicide~~

Reported by Wm H Dean Coroner

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

Henry Mahoney

Died at — Town: Mechanic Valley — County: Cecil Co — MARYLAND

Date 189 — Month: Dec — Day: 26 — Age: Y. M. D. — Native of: Cecil — Occupation: Farmer

Male — ~~Female~~ — White — ~~Colored~~ — ~~Married~~ — Single — ~~Widow~~ — ~~Widower~~ — ~~Divorced~~ — ~~Number of children living~~

Husband / Wife of

Father's Name: Hawk R Mahoney — Mother's Name:

Cause of Death — Primary: Softening of the Brain 43 — How long sick: 4 months

Immediate: — ~~Accident, Suicide, Homicide~~

Reported by: B Saunders

Address: McEwen

Must be signed by physician, if any in attendanca, otherwise by coroner, undartaker or minister.

LIBRARY BUREAU, 65968

Name in Full Wm. Pennington

Certificate of Death

Died at Town Elk Neck County Cecil MARYLAND

Date 1899 Month Oct. Day 16 Age Y. M. D. Native of Occupation

Male White ~~Married~~ Widow Divorced

~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband of Wife

Father's Name Capt. John Pennington Mother's Name

Cause of Death Primary 161 How long sick about 1 yr.

Immediate Accident, Suicide, Homicide

Reported by Cecil Whig

Address Oct. 21/99

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

T. Nowland Price

Town

County

Died near Cecilton Cecil MARYLAND

Month Day | Y. M. D. | Native of | Occupation

Date 1899 11 13 | Age 37

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Thos. T. Price

Mother's Name 22a

Cause of Death

Primary consumption

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Cecil Ethig 11-18

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Elizabeth H. Reynolds.

Certificate of Death

Died at Town North East County Cecil MARYLAND

Date 1899 Month Oct Day 26 | Age Y. 1830 M. Nov D. 7 | Native of Md | Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 8

~~Husband~~ Wife of Frank Reynolds

Father's Name Wm Slagle Mother's Name Rebecca Slagle

Cause of Death Primary Cancer of Stomach How long sick 2 yrs

Immediate 256

~~Accident, Homicide, Homicide~~

Reported by Geo S. Rittenhouse Mrs.

Address ~~North East~~ Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name in Full

Certificate of Death

Terry

Died at Town Resing-sun County Cecil MARYLAND

Date 189 9 Month 10 Day 12 Age Y. — M. 2 D. — Native of Md Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ Widower Number of children living

Husband of Wife

Father's Name Walter K Terry Mother's Name Nettie Ryan

Cause of Death Primary Meningitis 39a How long sick week

Immediate Convulsion Accident, Suicide, Homicide

Reported by John S Jenness MD

Address Resingsun Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Rosie Wilson

Certificate of Death

Died at — Town: Resingsun — County: Cecil — MARYLAND

Date 189 9 — Month: 10 — Day: 20 — Age: Y. 3 M. 8 D. — Native of: Md — Occupation: Maid

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female — Colored — Single — ~~Widower~~ — ~~Number of children living~~

Husband ~~of~~

Wife

Father's Name: Don't Know — Mother's Name: Don't Know

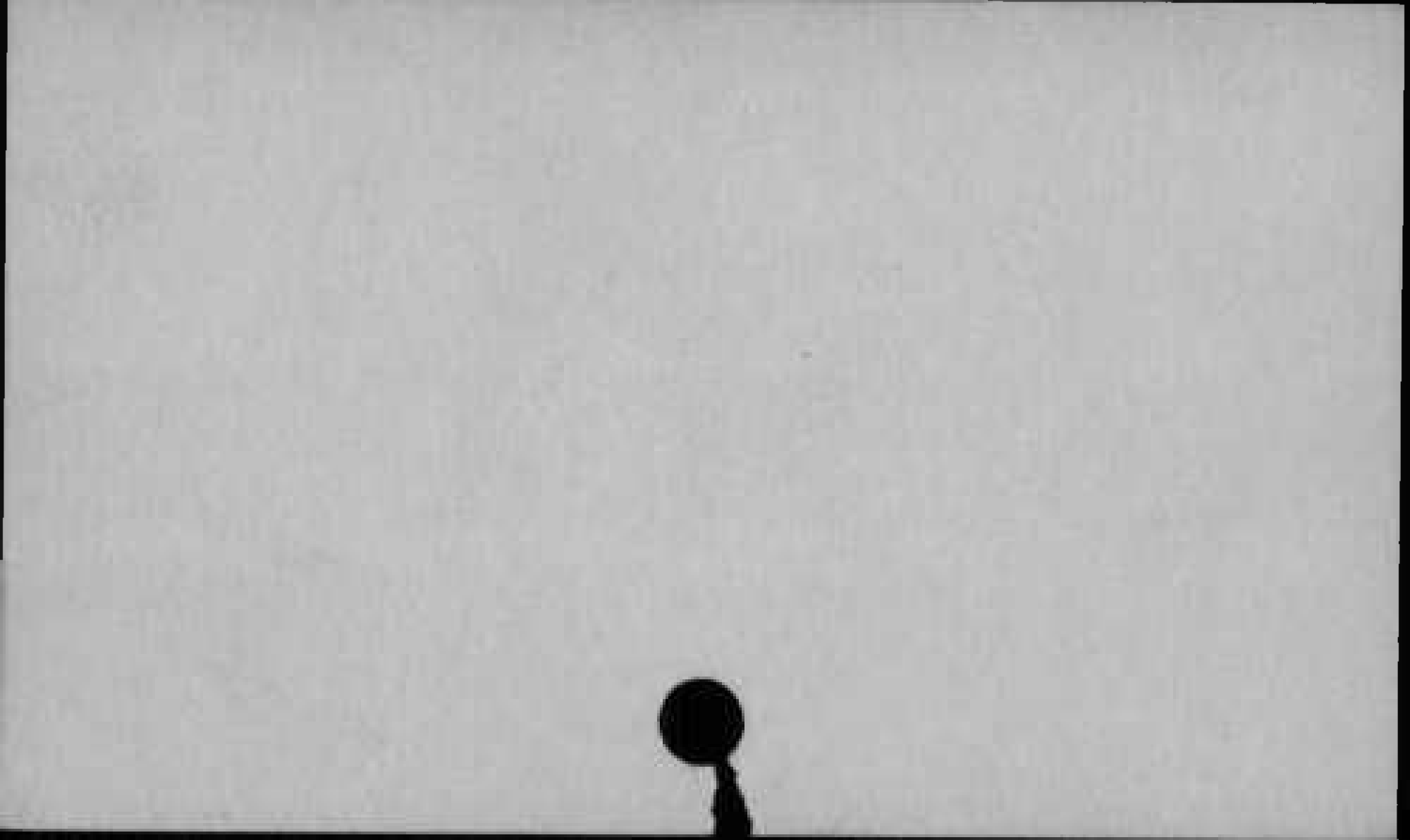
Cause of Death — Primary: Typhoid Fever 1 — How long sick: 2 months

Immediate: Exhaustion — Accident, Suicide, Homicide

Reported by: John St Jenness Md

Address: Resingsun Md,

filed 1899

Must be signed by physician, if any in attendance, otherwis[illegible] coroner, undertaker or minister.

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